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Abstract

Public care work organisations in Northern Europe often seek to increase their economic efficiency in ways that care workers criticise for reducing both their professional autonomy and the quality of care. Recently, the ideal of 'enterprising nursing' has emerged as a political belief according to which economic efficiency, care workers' autonomy and the quality of care can be improved in tandem by cultivating care workers' agential abilities. This article examines the reception of this belief among migrant care workers in Finland. Drawing on research interviews, the analysis demonstrates how migrant care workers may have difficulties in aligning themselves with the enterprising ideals but also in protesting them. Ethnicity, and the status of a migrant, can offer resources for both constructing

enterprising subjectivities and reframing care workers' agency, and their organisational environment, in more critical terms.

Keywords: social care, agency, governmentality, migrant care workers, professionalism, nursing, interpretive constructionism

Introduction

In the cultural context of austerity politics, fiscal crisis and aging populations, European governments have made constant efforts to reorganise and increase the economic efficiency of their social and health care provision. Two lines of action are particularly well-known, especially in Northern Europe: 1) The active recruitment of migrant (i.e. foreign-born) care workers to help manage the looming shortages of domestic workers, mainly caused by deteriorating working conditions in care work (Näre 2013). 2) The implementation of 'managerial' techniques to increase care workers' efficient performance (Dahl 2009). Both lines of action are frequently criticised in public debates: the former for exploiting disadvantaged migrant workers (Näre 2013) and the latter for reducing both care workers' professional autonomy *and* the quality of care (Trydegård 2012).

There are, however, coexisting policies that aim to counter the above criticisms. These policies seek to reinforce all actors' – including the most disadvantaged – agential abilities, that is, their proactivity, autonomy and ability to solve problems in their structural environment (see Dahl 2012, Moffatt et al. 2013, Olakivi and Niska 2016b). Evidently, these policies draw on the ideal of enterprising agency and, namely, enterprising nursing (e.g. Barnes 2000, Gibson 2013, Moffatt et al. 2013). The ideal nurse they construct is an ambitious agent who, to paraphrase Weber's famous formulation on enterprising agency, has the 'clarity of vision' (1965: 68), 'ability to act' (1965: 68) and 'strength to overcome

the innumerable obstacles' (1965: 69) in her organisational environment. The enterprising ideal can be examined as a discursive attempt to translate governmental concerns into programmes that, at least seemingly, serve all actors' own interests, namely their interests in autonomy, self-government and social welfare (Miller and Rose 2008). Ideally, such an attempt can please many actors (Moffatt et al. 2013): those who value care workers' autonomy, those who value good care and those who value economic efficiency.

In what follows, the above policies are examined as forms of 'productive power' (Allen 2002) and the governmental rationality, or *governmentality*, of liberal societies (Miller and Rose 2008). Far from imposing direct control, they invite care workers to cultivate their own agency (Fejes 2008, also Gibson 2013) but always in alignment with more distant, governmental objectives (Barnes 2000, also Foucault 1982, Miller and Rose 2008). Care workers are encouraged to act as agents whose goals 'are recognized as legitimate and worthy' (Fournier 1999: 285) by themselves but also by external principals, such as their clients, managers and governmental authorities (see Fournier 1999).

The attempts to create enterprising nurses are quite well-known (e.g. Dahl 2012, Gibson 2013, Moffatt et al. 2013), and they are similar to the attempts to create, say, enterprising farmers (Pyysiäinen and Vesala 2013), doctors (Doolin 2002) or public officials (du Gay 1996). How care workers receive them, however, remains largely unknown. Similar disparity is common in studies on governmentality: there is an abundance of research on

governmental attempts to create enterprising citizens but much less on their reception among their target communities (see McKee 2009). In this article, the question of reception is examined among social care workers in the city of Helsinki. The analysis draws on interviews with care workers of migrant backgrounds conducted in 2011–2012.

With respect to the enterprising policies, migrant care workers make an interestingly ambiguous case: in public discourse, migrant care workers are constructed as dynamic, capable and autonomous agents but also as compliant and routinised objects of control who mainly work by 'following orders' (Olakivi and Niska 2016a, also Näre 2013). Further, migrant care workers are constructed as intrinsically motivated and enterprising carers but also as people who work in (social) care mainly because they are excluded from more prestigious occupations (Näre 2013, Näre and Nordberg 2016, also Olakivi and Niska 2016a). There is, however, little research on migrant care workers' own perspective on the enterprising policies: to what extent are migrant care workers affected by the enterprising ideals? Are they able and willing to construct themselves as enterprising agents who are ambitious, motivated, dynamic and capable? If not, then the policies that, at first, seemed to serve the interest of all actors – from care workers to their clients and political authorities – may start to lose their credibility and moral appeal. They may start to look like mere rhetoric and, consequently, question the moral image of the people who promote them – such as policy-makers and care work managers (Gibson 2013, Moffatt et al. 2013, Olakivi and Niska 2016b).

Care professionals as enterprising agents

In governmentality studies, the concepts of productive power and human agency go hand in hand. According to McKee (2009: 471), productive power 'is not the antithesis of […] human agency, it presupposes it', and according to Powell and Gilbert (2007: 196) 'power operates *through* […] the constitution of agency'. Power creates agents – but what is agency? In our cultural common sense, agency refers to 'the power that individuals possess that enables them to realise their chosen goals' (Campbell 2009: 408). The idea of agency can, however, be deconstructed into finer, equally commonsensical dimensions (Niska 2015). First, agents can have *agency over* (Niska 2015, also Vesala 2013) their internal and/or external structures (also Campbell 2009). The former implies agents' ability to control their impulses and plan, regulate and reflect on their behaviour. The latter implies agents' ability to act independently of their environmental constraints, to 'get things done' (Campbell 2009: 409) and to 'make things happen' (Bandura 2006: 107). Both of these aspects are present – and celebrated – in the discourse of enterprising nursing: an enterprising nurse is reflexive, adaptive and mentally responsive to her changing surroundings (see Fejes 2008, Gibson 2013, Olakivi and Niska 2016b) but also – and more importantly – able to solve problems, and to get things done, in her organisational environment (Fejes and Nicholl 2012, also Barnes 2000, Olakivi and Niska 2016b).

Second, agents are always *agents for* someone or something (Niska 2015, also Meyer and Jepperson 2000, Vesala 2013). Agents choose their goals, but not randomly. According to Meyer and Jepperson (2000), modern societies expect their citizens to act as agents for culturally legitimate 'principals' (also Niska 2015). What counts as a legitimate principal, for a given agent in a given context, is often highly standardised. At times, the principal can be the agent herself. As Meyer and Jepperson (2000) note, however, modern people often act – and are encouraged to act – as agents for external principals, such as other agents, non-actors or abstract principles. In the practices of liberal governmentality, the authors (2000: 110) argue, the individual 'is entrapped in standardized agency more than in explicit social control schemes'. People are invited to cultivate their individual agency, but their individual agency is 'shaped in a new form and submitted to a set of very specific patterns' (Foucault 1982: 783).

Professional agency is a paradigmatic case of highly *standardised* agency for *external* principals (Meyer and Jepperson 2000, also Parsons 1939, Fournier 1999). The ideals of enterprising nursing make no exception. An enterprising nurse can – or must – serve her own interests and wellbeing, but she must also serve her clients and, preferably, the abstract principles of professional ethics. Otherwise, she risks giving the impression of 'either incompetence or corruption' (Meyer and Jepperson 2000: 108). Professional ethics are the *cultural standards* that translate care workers' ability to act into agency for particular others (Fournier 1999, also Parsons 1939).

In care work, professional ethics can be articulated in different ways. According to what has been called the 'medico-scientific' care work discourse (Olakivi and Niska 2016b), care workers should aim at 'curing' their patients (Apesoa-Varano 2007, also Carvalho 2014). According to the currently dominant 'socio-scientific' care work discourse (Olakivi and Niska 2016b), however, care workers should care for their clients' holistic, bio-psycho-social wellbeing (Apesoa-Varano 2007, also Allen 2007, Carvalho 2014). Evidently, the latter discourse offers care workers endless opportunities to demonstrate their ability to act. A good care worker can always find new ways to improve her clients' holistic wellbeing and, simultaneously, her own conduct (Oldenhof, Stoopendal and Putters 2013).

In sum, the enterprising programmes, often supported by care work managers (Olakivi and Niska 2016b) and governmental authorities (Moffatt et al. 2013), aim to mobilise care workers as specific kinds of agents/subjects (Fejes and Nicoll 2012). Whether care workers are willing and able to enrol, however, is not always clear (also Powell and Gilbert 2007). In care work, the material environment, such as the lack of workforce, time and sustaining networks, may give the enterprising ideals a superficial flavour – they may start to look like mere rhetoric.

Empirical study

Approach and aims

How should one study nurses' agency in empirical research? In the social sciences, scholars typically conceive human agency as somehow relational (Ketokivi and Meskus 2015), embedded and 'socially constructed' (e.g. Bandura 2006). This article makes no exception. Specifically, the article adopts a theoretical framework that Harris (2008) calls *interpretive* social constructionism and examines how agency is socially constructed in discourse and communication. Agency is examined as an interpretive frame that can be used in social *sense-making* (Fuchs 2001, also Kurri and Wahlström 2007, Reynolds et al. 2007). Most importantly, agency is a political concept: only agents can be rewarded, and blamed, for making things happen (also Kurri and Wahlström 2007).

Interpretations of agency can be important in various contexts: in courtrooms, award committees, sociological texts, care work organisations and research interviews. In contemporary societies, agency often appears as a 'cultural imperative' (Reynolds et al. 2007: 348) and a 'measure of human dignity' (Sulkunen 2010: 503). We are morally obliged to cultivate our personal agency, and 'our capacity to appear as agents is always vulnerable and open to threat' (Sulkunen 2010: 503). At times, however, we can also engage in

agentless talk and play down our own activity and personal responsibility (Kurri and Wahlström 2007).

In line with Weick (2001: 6), care work organisations can be examined as 'collections of people trying to make sense of what is happening around them'. In what follows, such attempts are examined in the context of research interviews. Following Goffman (1959), the interviews are analysed as social encounters in which the participants are invited, and perhaps a bit challenged, to give morally acceptable yet convincing accounts of their work. Arguably, this is a familiar task for care workers. As Latimer (2008) notes, care workers cannot count on their (often invisible) work being self-evidently recognised and valued by others. Instead, they must be able to present their worth in front of different audiences (Latimer 2008). In short, they must be able to demonstrate their effective agency for acknowledged principals.

In a professional care work context, such demonstrations can – or must – draw on professional discourses. According to Fournier (1999: 285), professional discourses articulate 'professional subject positions, or the ways in which professionals should conduct themselves'. In this article, the notion of 'discourse' is used in a specific sense to incorporate ideas from Foucault and Goffman (see Hacking 2004) or what Burr (2003) calls *macro* and *micro* social constructionism. From the macro constructionist perspective (Burr 2003), professional discourses are rationalities of government, including self-government (also

Foucault 1982). They enable people to reflect on their conduct but mostly in line with governmental, social and economic objectives (Miller and Rose 2008, also Powell and Gilbert 2007). The micro constructionist perspective turns attention to the concrete ways in which people deploy discourse in face-to-face interaction (Burr 2003). People are seen as competent language-users who are not subjugated by discourse but rather use discourse in creative ways (also Symon 2005) to support their own agendas, manage positive impressions (Goffman 1959) and construct moral agency in front of different audiences (including themselves). However, as long as they have to construct their moral agency by drawing on professional discourses (i.e. governmental rationalities), they cannot escape political power. In this sense, governmental rationalities both enable and constrain (also Allen 2002).

In sum, the dialogue between Foucault and Goffman, or micro and macro constructionism, helps in analysing the nodal points in which individual, moral and personal projects align with societal, political and economic objectives (also Miller and Rose 2008). The following study examines these alignments among social care workers in Helsinki. The point is *not* to examine whether governmental programmes have succeeded in producing enterprising subjects as some sort of psychological dispositions (also Wetherell 2008). The point is to examine whether care workers, in a particular context of face-to-face interaction (i.e. the interview), are willing and able to present themselves as enterprising agents – and with what consequences.

According to previous studies, migrant care workers often need to demonstrate their worth and value in front of different audiences even more extensively than natives (Nieminen 2010, Dahle and Seeberg 2013, also Olakivi 2013). Migrants often have a high stake in such demonstrations: their job opportunities can depend on a limited number of employers who are not prejudiced and appreciate their (true) professional competence (Dahle and Seeberg 2013, Näre 2013). With respect to the ideals of enterprising nursing, migrant care workers thus form a 'critical case' (Flyvbjerg 2006): Theoretically, the dominant, enterprising ideals should appeal to migrant care workers if any. They should have the highest incentive and pressure to demonstrate their enterprising agency.

Research site and empirical materials

The empirical analysis draws on interviews conducted in different wards (N=7) of a public nursing home and different units (N=9) of home care in Helsinki. In Finland, the rapidly aging population has given policy-makers a solid justification for driving at transformations and, in particular, greater economic efficiency in public care provision (Wrede et al. 2013). Since the 1990s, large-scale political programmes have been implemented to 'modernise' Finnish work organisations, both in the private and public sectors, and much in line with the enterprising ideals (Olakivi 2012). Arguably, these projects were well-known in the target organisations. The nursing home managers, in particular, were eager to present themselves

as enterprising, modern, democratic leaders who avoid organisational hierarchies and support their staff-members' professional agency (Olakivi and Niska 2016b). Finally, the proportion of migrant-background care workers has grown rapidly in Finland, especially in Helsinki. From 2004 to 2013, the proportion tripled, from 4 to 12 percentage of all general and practical nurses (Statistics Finland 2016), remaining, however, relatively low in international comparison.

The interviews were conducted as part of a larger research project by four interviewers. Care workers and their managers were interviewed. The interviews with managers are analysed elsewhere (Näre 2013, Olakivi and Niska 2016a, 2016b). In short, the managers drew actively on the discourse of enterprising nursing. They often idealised migrant employees but were also suspicious regarding their agential abilities (Näre 2013). At times, they portrayed migrants as easy to control and routinised rather than autonomous, proactive and self-directive (Näre 2013, Olakivi and Niska 2016a). The following analysis is based on the interviews with migrant care workers.

Fifty migrant care workers were interviewed: 30 (Participants 15–44) in the nursing home and 20 (Participants 45–64) in home care. Most of the participants were working as general (N=13) or practical nurses (N=32) and the rest as nursing assistants (N=2), social instructors (N=2) or public health nurses (N=1). In the nursing home, occupational differences seemed quite moderate. Compared to a practical nurse, a general nurse had some additional

responsibilities in regard to medication, but for an outsider, such as a researcher, the differences were often difficult to detect. The employees did not, for instance, wear external symbols of status and hierarchy. In home care, the occupational differences were slightly more evident. The principles of holistic nursing, however, seemed to apply to all employees, and in line with the enterprising ideals, both organisational contexts seemed to downplay rather than highlight official hierarchies (Olakivi and Niska 2016b). Educational differences among care workers are also quite moderate in Finland. The education of a practical nurse, for instance, lasts for 2.5 years on average and is only a year short of the education of a general nurse. In the following analysis, the focus is on the participants' own presentations of professional status rather than any a priori categories.

All interviewees had a migrant background. The majority of them had migrated from former Soviet republics, sub-Saharan Africa or South-East Asia. Although they were all invited to take part as migrant care workers, they were, of course, perfectly able to adopt other subject positions as well (see Olakivi 2013). Nearly half of them had lived in Finland for more than 10 years.

The majority of the interviews were conducted in Finnish (a small minority in English and one in Swedish). Three of the interviewers were Finnish nationals, and one was originally from Sweden. The extracts have been translated by the author (see Appendix: Transcription notation). The analysis is based on the original recordings. The interviews contained several

themes, such as the pros and cons in the participants' work, their typical tasks, their relations with their colleagues and superiors, their organisational surroundings and their views regarding their migrant status.

Instead of using pseudonyms, the interviewees are referred to as 'participants'. Pseudonyms, even the most international names, would easily portray the participants as members of fixed ethnic or cultural collectives. The point of the analysis, however, is to examine if, when and how the participants themselves construct, present and 'do' ethnicity in the research interviews, together with the interviewer.

The first part of the analysis examines the participants' willingness, ability and *means* to present themselves as enterprising agents: that is, as proactive, self-governing and reflexive subjects who, instead of being hierarchically commanded, autonomously strive to actualise their inherent potential (Pyysiäinen and Vesala 2013). The second part takes a closer look at the participants' willingness, ability and *means* to construct alternative subjectivities. The analysis is based on the premise that the construction of enterprising agency is not an on/off matter but an ongoing process (also Pyysiäinen et al. 2011). Professional subjectivities, as well, are 'always enacted and performed' – they are 'processual and temporal' phenomena (Powell and Gilbert 2007: 200). The interviews are examined as sites of such performances. In sum, the analysis examines the ways in which the ideals of enterprising nursing figure

into the participants' discourse and, respectively, how the construction of enterprising agency depends on the broader construction of organisational surroundings.

Analysis

Constructing enterprising subjectivities. The participants showed eager commitment to the principles of 'socio-scientific' nursing and, accordingly, constructed themselves as agents who are highly adaptive and eager to serve their clients' holistic wellbeing. As Participant 63, a practical nurse, explains: 'It's a huge responsibility, [giving] home care. You don't just go to the customer's home and give medicine. No, you need to pay attention to the *whole*, the whole customer, to everything'. According to Participant 50, a practical nurse, 'you need to always change your character. When you visit different customers, they all have their own personalities, so you have to constantly change'.

Beyond being adaptive, however, an *enterprising* nurse must be able to make things happen. Besides agency over her own character, she must have agency over her external environment. Participant 58, a practical nurse, maintains: 'A good nurse is customer-oriented, one who knows her own profession, and who can help under *all* conditions, so that the customer gets the best possible care'. Finally, an enterprising nurse is able to constantly develop herself, as Participant 24, a nursing student, articulates. In Extract 1, she draws on

both the discourses of enterprising and socio-scientific nursing and constructs the modern professional ideal that, oftentimes, sounds almost impossible to achieve (Allen 2007):

Extract 1

Interviewer: What kind of a nurse is a good nurse in your opinion?

Participant 24 (a nurse): I think a good nurse is a nurse who always tries to improve [herself] and to learn new things and to challenge herself and is open-minded; that's a good nurse. The nurse who really knows how to be present with the patient…the resident…the customer, and who can view things from different perspectives. One who knows how to modify her own knowledge instead of being stuck [in a rut]. One who can do what is best for the particular customer or resident or patient, to push her interests forward. One who can give holistic care, both mental, physical and also social…for the patient…customer…resident.

In the above, the good professional nurse is portrayed as an open-minded, reflexive and dynamic agent *for* her clients' holistic, 'bio-psycho-social' wellbeing (also Allen 2007) – that is, as an enterprising agent who serves the socio-scientific principles of professional nursing. Evidently, the principles of socio-scientific nursing offer care workers good opportunities to demonstrate – and evaluate – their agency over their internal and external structures, that is, their ability to adapt, develop, manage themselves and care for their clients' holistic, individual needs (also Fejes 2008). A good workplace, in turn, as the above

participant went on to articulate, is ‘a workplace that enables [people] to develop [themselves] and to move forward in their career’. In these reflections, care workers’ agency for their clients is neatly aligned with their agency for themselves (also Oldenhof et al. 2013).

Of course, care workers also talk about structural problems. In the interviews, a much-debated problem was the (alleged) lack of assistant workforce and the respective need to perform ‘menial’ tasks. According to the above-cited Participant 24, care workers nowadays have to take care of ‘the dishes and similar stuff that do not really belong to nursing’. The lack of assistant workforce was a problem for both general and practical nurses, as the account by Participant 53, a practical nurse, demonstrates: ‘As a nurse, I’m supposed to be doing everything for these patients and caring about their wellbeing rather than worrying about putting all my energy into doing these kitchen things and cleaning and stuff’. Although the exact nature of ‘the stuff’ remains somewhat ambiguous in these two accounts, the notion of ‘professional nursing’, clearly, gives care workers a resource to *protest* against problems in their structural environment – at least momentarily.

An *enterprising* nurse, however, does not only protest against problems in her environment but tries actively to solve them, either by transforming her organisational environment or by acting over the obstacles she encounters. In the latter category, the participants suggested several solutions, such as the skilled use of instruments (Participant 23, a practical nurse)

and working together (Participant 18, a practical nurse). Finally, according to Participant 1, a practical nurse, the key to success was individual proactivity and the ability to regulate and plan one's actions – that is, individual agency over internal and external structures:

Extract 2

Interviewer: When the workload is so heavy, how do you manage with your tasks?

Participant 1 (a practical nurse): You must *plan* ahead. I know the residents, I know them all, what they are like. It's important that they all get food and then all the medication and that they are lifted up in the morning. Imagine if they were to lie [in bed] all day. It's so horrible. So [they] must…And then some attention [to them], some stimulus, I do it all.

In the above, the importance of holistic nursing is again highlighted. Medication is not enough; the nurses must also provide stimulation and attention, regardless of the resources they have. Similarly, according to Participant 25, a practical nurse, one should always have time for the elders. If one has no time, one must arrange for it: 'To me, it is really important. *I* always try to give them at least five minutes of personal time'.

Structural problems can of course cause exhaustion and disdain among professional care workers (e.g. Stacey 2005). What is largely overlooked in the current research, however, is that care workers may also *need* structural problems to demonstrate their professional

agency, that is, their ability to act *over* them, 'plan ahead', 'arrange it all' and help 'under all conditions'. Care workers' professional agency is *relational* to their structural environment. Besides structural environment, however, care workers can use other care workers as a resource in demonstrating their own professional agency (also Olakivi 2013). In an organisation that is (conceived as) nationally and ethnically 'diverse', such relational resources can be found from employees that are nationally and ethnically 'different' (Zanoni et al. 2010).

Arguably, migrant care workers have extra pressure to demonstrate their worth and value in front of native audiences (also Nieminen 2010, Dahle and Seeberg 2013). Ethnic stereotypes, however, can also work the other way around, as a resource for such demonstrations. Thus, while the interviewed care work managers, at times, presented migrant care workers as unprofessional agents (Näre 2013, Olakivi and Niska 2016a), the migrant interviewees, at times, found a similar (and equally stereotypical) figure in their Finnish colleagues. Participant 38, a social instructor, for example, portrayed his Finnish colleagues as people who serve corrupt principals: 'They do not want to respect people, they do not respect anybody. They just come to work for money and they're just – they're accustomed to working as a worker, not as a human being'. According to him, the problems with the ethics of the Finnish nurses explained the 'low quality of nursing' in Finland. Respectively, Participant 25, a practical nurse, notes how the Finnish nurses were too quick to blame the lack of resources.

Extract 3

Participant 25 (a practical nurse): You need to give attention to the elders in this job as a professional practical nurse. But then you sometimes hear from the Finnish employees that 'No, there is not enough time' […] and 'Our work just goes like this'. For us it would be like *shocking*…that sort of an attitude. […]

Interviewer: Does it show in the work then somehow?

P25: It *does* show, for example…in that people always blame the *rush*. […] But you still have to arrange things so that you have the time…instead of just changing those diapers and feeding.

'Us' in the above refers to care workers of migrant or Somali backgrounds. Changing diapers and feeding are, arguably, a proxy for 'routinised' care which does not offer stimulus or activities – a good nurse must do more than that. The problem, moreover, is not in the lack of resources but in the attitudes of the Finnish nurses. Respectively, Participant 50, a practical nurse, explained why she performed non-nursing related tasks that were not officially in her job description: 'They always say that you don't have to do those things, but I still do them; it's because of the cultural difference'. Also, the above-cited Participant 24, the nursing student who highlighted constant development, noted her Somali background as a positive asset: 'In our culture, the elderly are *much* more valued, and more respected […] as human beings'.

These participants, mainly from Asian or African backgrounds, seemed to use their 'ethnicity', and the ethnicity of their Finnish colleagues, as a relational resource with which to demonstrate their own commitment (also Stacey 2005, Nieminen 2010, Olakivi 2013). Besides constructing an essentialist difference (Zanoni et al. 2010), these discursive strategies tend to problematise individual attitudes rather than structural constraints. The committed care worker, with the correct ethnic background, can act over structural constraints. Arguably, the enterprising environment that highlights care workers' individual agency is prone to such discursive strategies (Barnes 2000). In any case, these enterprising strategies can be pragmatic for migrant care workers who need to demonstrate their professional value. This is what the participants are, arguably, doing in the interviews. They demonstrate their own agency by constructing a *difference* to their Finnish colleagues.

Constructing alternative subjectivities. The above analysis has mostly examined the resources that care workers have in demonstrating their enterprising agency, that is, their eager agency for their clients' wellbeing and their productive agency over their internal and external constraints. Images of enterprising agency are, however, always contestable – also in the above extracts. Although the participants try hard to construct enterprising subjectivities, the results are not always convincing. The participants' presentations of ability, in particular, are not always clear: care workers can 'try to give their clients at least five minutes of personal time', but whether 'five minutes' and 'trying' count as enterprising

agency – for managers, policy-makers and the care workers themselves – can be a matter of controversy. At the very least, however, the participants were familiar with the enterprising nursing ideals and willing to evaluate their own actions, and the actions of each other, with respect to these ideals.

Care workers can, however, also distance themselves from such ideals. One way to do so is to engage in 'agentless talk' (Kurri and Wahlström 2007). In theory, such talk might be morally pragmatic. It reduces care workers' personal responsibility. As Participant 34, a practical nurse, argues, sometimes you just 'have to be honest' and tell your clients that 'you don't have time' to give them the care you would like to. To her, the problem was not in a lack of motivation but in a lack of money: 'The nurses should be focussed on the residents, the older people, not on the kitchen and the laundry and all sorts of things… but it's because the city is saving [money]'. Respectively, Participant 46, a practical nurse, apologised: 'We used to have more time to talk with the customers. […] Now the human side [of care work] is on the decline while the robot…technical side is being developed. […] It's all dictated by money.'

In these accounts, the quality of care is again compared to the ideals of socio-scientific nursing and again found less than ideal. This time, however, the problem lies not in unprofessional or inactive care workers but in the lack of resources or in the policy-makers who serve the wrong interests (e.g. money). The common image of *managerial* or

neoliberal, that is, technocratic and market-oriented policy is invoked as the source of all problems (also Traynor 1996, Trydegård 2012). Care workers have the correct ethics, but because of political constraints, they cannot deliver.

Invoking structural constraints, however, is not always easy, and least in the discursive context that has 'a continuing cultural imperative to present oneself as having some agency, power and control' (Reynolds et al. 2007: 348). As Meyer and Jepperson (2000: 107) note: 'Helplessness […] and passivity may be very natural human properties, but they are not the properties of the proper effective agent'. Being 'agentless' can thus be a difficult position for a professional care worker. These difficulties can be seen in the data in two different ways.

First, the participants' 'agentless talk' has a feature that is, by and large, missing in their enterprising talk. Their presentations of enterprising agency – however incomplete – tend to construct an *individual* agent: 'I do it all' and 'I always try'. In contrast, the above-cited agentless talk (and similar talk in the data in general) constructs a collective 'we' or a generic, impersonal 'you' that lacks the ability to act: 'we used to have more time' and 'you just don't have time'. Arguably, speaking on behalf of a wider collective can give care workers a discursive resource that, at least momentarily, enables them to construct 'agentless' subjectivities. In a context where care workers are expected – and expect

themselves – to be active and capable, attributing the lack of agency to a larger collective can be *morally* pragmatic: it is not only me who lacks agency.

The same strategy is enacted in Extract 4. The extract, however, brings forth another problem in agentless talk. Besides being morally troublesome, agentless talk can be *epistemically* difficult. What counts as a 'structural constraint' is not always clear and self-evident. The extract begins as Participant 33, a nurse in the nursing home, demonstrates her and her colleagues' inability to take their clients out more often – something that was expected by the managers in terms of activating and rehabilitating the residents (Olakivi and Niska 2016b).

Extract 4

Participant 33 (a nurse): We had a meeting with the management today and again it was like 'Why haven't you done that?' We have *no time*; they don't understand that we have no time to take them out. We're running all the time. It's already an achievement if we can get them up from their beds for breakfast in the morning, then lunch, and back to bed again. The same thing in the evening…running. Of course, we have tried so much [to make it happen]. […] [But] there is *no time*. And the residents are so heavy.

In the above, the question of 'having time' is portrayed as a matter of epistemic controversy. The participant attributes the controversy to the *managers'* lack of knowledge. The managers do not understand the real, material conditions of care work. In another interview, Participant 32, a nurse, pointed out how care workers are often unable to activate their clients because they 'only have two hands' – a structural condition that is difficult to question. In these accounts, care work is portrayed as *body work* that is conducted *by* bodies *on* bodies (Twigg et al. 2011). Evidently, such an interpretation of care work cannot be taken for granted. It has to be demonstrated. In order to demonstrate it, care workers can construct an epistemic hierarchy between nurses and their managers (Symon 2005): unlike managers, nurses have embodied knowledge of the *real* conditions of care work (also Traynor 1996).

Even after constructing the above epistemic hierarchy, the question of 'having time' remains somewhat ambiguous in Extract 4. Of course, getting the residents 'up from the beds' can be described as an 'achievement'. But is that an achievement of an enterprising nurse, or merely a routine activity? This question can, of course, have many answers, but the point is: When engaging in agentless talk, the speaker, evidently, has the burden of proof. She has to proof that her structural environment is *objectively* difficult. Otherwise, her 'agentless' talk might sound like an excuse for care workers who are unprofessional, stuck in a rut, not trying hard enough or, in the worst case, serving the wrong principals – a possibility that even Participant 33 considers, and then counters. At the end of the interview, she highlights her correct interests and makes sure she has been heard right: 'I think it would be good for

the management to also trust the nurses. […] Each ward is different…And the employees can see what's best for the residents; no one wants them to feel bad; on the contrary, we always want them to feel better'. In this account, she ends up constructing another epistemic hierarchy between care workers and their managers: The care workers not only know the concrete *conditions* of care work but also the real *interests* of their clients. Interestingly, Participants 33 is thus able to invoke a professional collective (Watson 2002) to argue *against* the ideals of enterprising nursing – and the expectations of her superiors. Although her argumentation is perhaps convincing, the *need* to engage in such argumentation indicates her difficult organisational position.

In a discursive context that strives toward all actors' enterprising agency, invoking 'impossible constraints' is not always easy: it can lead to questions of motivation, skills, goals or interests. There is, however, a way for care workers to invoke structural problems without jeopardising their image as effective agents. They can present themselves as *forced entrepreneurs* or agents *without a choice*: as subjects who *can* and *do* act in enterprising ways, but mainly because they have to, not because they want to. As Participant 51, a practical nurse, accounts: 'Of course, we also have times when we don't have enough care workers. And still the customers need to be cared for. We can't leave them without a visit'. Participant 48, a practical nurse, agrees: 'If it's part of your job...then it's just part of your job. No one else will do it. You need to take care of it. You just try to manage through the day'. These accounts bring a whole new tone to the discourse of enterprising nursing: the

enterprising programmes that were, at first, based on the 'voluntary commitment' (Sulkunen 2010: 498) of independent agents start to have a sense of obligation, even exploitation. Finally, the discursive resource of 'a migrant background' can give a new meaning to these problems.

Extract 5

Participant 53 (a nurse): There is an *awful* lack of personnel. And the problem is that, the way I see it… That since I come from abroad, I have to, I cannot give up [and say] 'I won't do it'. It is my work, I have to do it. […] And I just keep getting more and more work. But there was a good explanation [for this as] they once told me how 'You Estonians can really keep going'. We have to. Or else I will lose my job.

Again, migrant care workers, this time Estonian, are constructed as hard working and persistent, and again the pronoun 'I' is invoked as the subject of the story. This time, however, these experiences are not attributed to the cultural backgrounds of migrant care workers but to their disadvantaged position. At other occasions, the participants made critical comments about Finnish employers preferring migrant workers because migrants do not know their rights (Participant 46, a practical nurse) or about how many migrants worked in care because they could not get the jobs they really dreamt of (Participant 48, a practical nurse). These accounts, again, underscore the flexibility of 'migrancy' as a discursive resource. In our cultural common sense, the image of a migrant care worker who is 'forced'

to work in care against her own will is as familiar as the image of an 'inherently motivated' migrant care worker (e.g. Näre 2013, also Zanoni and Janssens 2004). These interpretive frames are both convincing, but they have a very different political import: the latter constructs a situation in which all parties win, while the former constructs a conflict of interests.

Discussion and conclusions

This article has examined the enactment of the politically salient discourse of enterprising nursing among migrant care workers in Finland. According to the enterprising ideals, public care work organisations can improve their quality of care by cultivating care workers' agential abilities. These ideals should, supposedly, suit many parties: those who value improvements in quality, those who value cost-efficiency and those who value care workers' professional autonomy (also Barnes 2000). Large scale structural problems (e.g. the aging population and the alleged shortages of workforce and tax revenues) can be translated into seemingly solvable problems, namely those of care workers' enterprising agency. Care work managers and other authorities can counter the negative images of control and inequality, as all developments are based on care workers' free will and autonomous agency.

The enterprising policies can be examined as forms of productive power and liberal governmentality. Instead of direct control, they rely on 'the formation, standardization,

enactment, and celebration of agentic actorhood' (Meyer and Jepperson 2000: 117). Are care workers *willing* and *able* to enrol in these governmental programmes? This article has examined these questions by examining how care workers themselves construct their professional agency. In line with common sense, care workers must act as agents for their clients' interests. In the current discursive context, these interests are likely to be constructed in line with the socio-scientific nursing discourse: Care workers should care for their clients' holistic wellbeing and, ultimately, ensure their ability to live active and autonomous lives (Olakivi and Niska 2016a). Besides agency for correct objectives, care workers should have agency over their internal functions, that is, meta-cognitive skills, reflexivity and self-steering abilities. These abilities are highlighted both in the discourses of socio-scientific and enterprising nursing, and the participants seemed to value them highly.

The discourse of enterprising nursing, finally, also highlights care workers' agency over their external structures – that is, their ability to solve problems in their organisational environment and to 'make things happen' (Bandura 2006: 170). At times, the participants seemed both *willing* and *able* to appear as enterprising agents in line with these ideals. At other times, they were calling structures into being and arguing for their limited abilities. Both interpretations are easy to understand.

Like all employees, care workers are struggling to maintain a habitable work-space and a sense of 'moral agency' in their work (Ketokivi and Meskus 2015). Their job is to make

good care happen. By constructing their agency in alignment with the discourses of socio-scientific and enterprising nursing, they can claim at least some 'ownership' (Stacey 2005) in their work. They can maintain a positive impression of active citizenship – an important impression in contemporary societies (Meyer and Jepperson 2000, also Reynolds at al. 2007, Sulkunen 2010). These impressions can be particularly important for care workers of migrant backgrounds whose professional agency has, at times, been questioned by native actors (see Nieminen 2010, Näre 2013, Dahle and Seeberg 2013). Besides pressure, however, migrant care workers may have additional resources for constructing enterprising agency. They can distance themselves from the allegedly routinised and demotivated Finnish care workers. This is the first main conclusion of the article: in a 'diversifying' care work organisation, ethnicity, as a discursive resource, can offer multiple – and contradicting – ways for actors to present (and question) their own and each other's professional agency.

Besides presenting professional agency, however, invoking structural constraints can be equally pragmatic for care workers (of all backgrounds): in case the (endless) objectives of holistic care are not met, the blame is not on care workers. These arguments, however, are not without problems. 'Not having agency' is not the most pleasant position for a professional nurse. Furthermore, care work organisations, as 'collections of people trying to make sense of what is happening around them' (Weick 2001: 6), seem to enable different interpretations of the same issues. What is a sign of an impossible constraint for one (e.g. a care worker) can be a sign of an unprofessional care worker for others (e.g. a care work

manager or another care worker) (also Dahl 2012, Olakivi and Niska 2016b). This is the second main conclusion of the article. Care workers and their managers may have clear opinions on the objectives of nursing yet simultaneous disputes about how to reach those objectives – and who to blame in case they are not met. These interpretive struggles are likely to cause communicative problems in care work organisations. Whether they will, eventually, cause more profound changes in the political organisation of care remains to be seen.

For care workers, a way to make sense of the above interpretive struggles is to construct an epistemic hierarchy between themselves and their managers: care workers, as a professional collective, can claim to have first-hand, embodied knowledge on the 'true' conditions of care work; managers may lack the same ability. Whether managers will listen to care workers claims, however, is not self-evident. Although care workers' knowledge might help them improve care work (and the quality of care), remaining ignorant to such knowledge may be surprisingly pragmatic for care work managers (McGoey 2012): ignorance enables them to cherish the impression that all problems in care work can be solved by cultivating care workers' agential abilities.

Care workers may have trouble in constructing enterprising subjectivities in convincing ways, but objecting the enterprising ideals can be equally difficult. The discursive field care workers inhabit invites them to constantly *reflect* on their actions along with the ideals of

enterprising nursing. Even within this discursive field, however, care workers are not without alternatives. They cannot perhaps change their discursive environment, but they can, to a degree, alter the ways they present themselves. Besides willing agency or inability to act, they can, at times, construct themselves as *forced* entrepreneurs. This is the final conclusion of the article. The impressions of being *forced* but still *active* are, perhaps, more pleasant than impressions of sheer inability and still easier to construct than impressions of willing, enterprising agency. At least for a migrant care worker, impressions of forced entrepreneurship are easily available (Zanoni and Janssens 2004). Indeed, there seems to be a thin line between migrant care workers seeing themselves – and being seen by others – as empowered agents and, more critically, as abandoned subjects forced to manage in menial jobs without organisational support. For the enterprising policies, the latter interpretations are of course far from the ideal. They immediately question the moral image of the people who promote them, such as policy-makers and care work managers, and construct conflicts of interests between different stakeholders: subordinates and superiors, ethnic minorities and ethnic majorities. This is, arguably, why such interpretations are so difficult to put forward: in the discursive context of enterprising nursing, they are politically unwanted.

Appendix: Transcription notation

[…] A short sequence omitted

word A word or words emphasised by the speaker

[word] Clarifications added by the author

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